



EOAF, Inc.
Celebrating 60 Years
1960 ~ Present

Eastern Oregon Alcoholism Foundation

Substance Abuse & Detoxification Services

Authorization to Obtain Motor Vehicle Report

I have applied for employment with Eastern Oregon Alcoholism Foundation, Inc. Because the position I am applying for may require that I drive a vehicle on behalf of Eastern Oregon Alcoholism Foundation, I understand that my driving record must be verified by Eastern Oregon Alcoholism Foundation's carrier prior to my employment.

I understand that my application is conditional upon the approval of my driving record by Eastern Oregon Alcoholism Foundation's insurance carrier. I also understand that if I am offered a position with Eastern Oregon Alcoholism Foundation, my driving record will be checked periodically by the insurance company.

I hereby authorize Wheatland Insurance Center Inc. and/or the insurance company for Eastern Oregon Alcoholism Foundation to obtain a copy of my driving record from the Department of Motor Vehicles, and to provide information from that record to Eastern Oregon Alcoholism Foundation regarding my insurability.

Printed Name: _____ Date of Birth: _____

Address: _____
Street Address City, State, Zip Code

Driver's License #: _____ State: _____

Signature: _____ Date: _____